CLAIM	S AS FILED (Colum		(Column 2)	SMAL TYPE	LENTITY	OR	OTHER	
TOTAL CLAIMS	120			RA			RATE	FE
FOR	NUMBER	NUMBER FILED · NUMBER EXTRA		BASIC	FEE 375.0	OR OR	BASIC FEE	750
TOTAL CHARGEABLE CLA	MS 20 m	0 minus 20=		XS	9=	OR		
INDEPENDENT CLAIMS			•	7 —	X42=		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
MULTIPLE DEPENDENT CL	. 0			OR		_		
* If the difference in column	"0" in column 2	1 114	-2 ti	OR	L			
CLAIMS AS AMENDED - PART II				TOT	AL 37	S OR		
CLAIMS		U - PAR (Calum	·	3) SM/	ALL ENTIT	OR	OTHER SMALL	
CLAIN REMAIN	IS IING	HIGHI NUME PREVIO	ST ER PRESEN	7 —	ADD TE TION		RATE	AC TIO
AFTE AMENDA Total . / Independent .	A 1 A 2 A 3 A 3 A 3	PAID	OR	XS	FEE	-	V646	F
Independent	/ Minus	***	2		4-	OR		_
FIRST PRESENTATION	OF MULTIPLE DE	PENDENT	CLAIM			OR	_X84=	
				+14	0=	OR	+280=	
17			•	ADDIT.	FEE	OR	TOTAL ADDIT: FEE	
(Colum	n 1)	(Colun	in 2) (Column					
CLAIM REMAIN AFTE AMENDA	IING R	HIGHI NUME PREVIO PAID I	ER PRESEN	RA	ADDI TIONA	L.	RATE	AD TIO
Total AFTE	Minus ·		70.0	X\$	7	ОЯ	X\$18=	
Independent FIRST PRESENTATION	/ Minus	DENIDENT	CIAIM I	X42	æ	OR	X84=	
,		CHOCH	COUNTY L	114	0=	OR	+280≥	
				ADDIT.	FEE	OR	TOTAL ADDIT, FEE	
(Colum	n 1)	(Colun	nn 2) (Column	-2			•	
CLAIM REMAIN ATTE ADMANA	IING A	HIGH NUME PREVIO PAID I	PRESENT EXTRA	RAT	ADDI TIONA FEE	L)	RATE	AE TIO F
AFTE AMENDA Total . Independent .	Minus	**	5	XS-		OR	X\$18=	•
Independent .	Minus	144	-	X42		7	X84=	-
FIRST PRESENTATION	OF MULTIPLE DI	PENDENT	CLAIM	_		-JOR		-
				+14		OR	+280=	-

Application or Dock t Number